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**Bill To:**      Name  
                  Agency or Department Name  
                  Street Address  
                  Address 2  
                  City, ST   ZIP Code

**Reminder:** This is a multi-purpose statement. Select only the items you want.

**Terms:** Balance due April 11, 2007.

REMITTANCE	
Customer Name:	Agency or Department Name
Customer ID:	VA Law Enforcement Accreditation Coalition 54-1492406
Statement #:	20060101
Date:	November 27, 2006
Amount Due:	
Amount Enclosed:	